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(Requestor's Name)
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W16-U988

02-17-18

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JWU Investment LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis Garcia Name of Person
Name of Person
JWU Investment LCC
Firm/Company
355 NE 128 St
Address
North Miami FC 33161 City/State and Zip Code LSGarciq@gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Luis Garcia at 305) 546-8278 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S160.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2016

LUIS GARCIA 355 NE 128ST NORTH MIAMI, FL 33161

SUBJECT: JWU INVESTMENT LLC Ref. Number: W16000004988

We have received your document for JWU INVESTMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 016A00001564

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
	JWU IND	estmen	+ LLC			
(Must end w	ith the words "Limited Liabili	ity Company, "L.L	.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	dress of the principal office of	the Limited Liabil	lity Company is:		•	
<u>Principa</u>	l Office Address:		Mailing Address:			
355 NE DE	lum, ec 33161	39	55 DE 1985	t <u>- (3</u> 31)	6 (
ARTICLE III - Registered Ages The Limited Liability Company of another business entity with an ac	cannot serve as its own Registe			lor		
The name and the Florida street a	ddress of the registered agent	are:			1 6	
	` _	ercia			FEB 16	No.
	Florida street address (P.O.		ble) 33(6)	E FLAND	US:7 HJ	
	City	State	Zip	*	~~~	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Luis Carrie
	355 DE 035 B. Miami FC 33161
	To FEB
(1/	
(Use attachment if necessary) LEV: Effective date, if other than the date	
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.)	of filing: (OPTIONAL) of ecific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) f the date inserted in this block does not n	of filing: (OPTIONAL) of ecific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department	of filing: (OPTIONAL) of ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be speof filing.) If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed a management of a management	ecific and cannot be more than five business days prior to or 90 days need the applicable statutory filing requirements, this date will not be of State's records. The state of a member
LE V: Effective date, if other than the date fective date is listed, the date must be speof filing.) If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed a management of a management	ecific and cannot be more than five business days prior to or 90 days need the applicable statutory filing requirements, this date will not be of State's records. Compared to the applicable statutory filing requirements, this date will not be of State's records. Compared to the applicable statutory filing requirements, this date will not be of State's records. Compared to the applicable statutory filing requirements, this date will not be of State's records. Compared to the applicable statutory filing requirements, this date will not be of State's records.

ARTICLE IV-